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## EDITORIALS

### COUNTY SOCIETY ACTIVITIES DURING YEAR 1944

**Why Modifications Are in Order.**—County Society activities as carried on in days of peace must necessarily, during prevailing conditions, undergo modifications. To what extent changes may be indicated will depend in good part on local circumstances, such as the size of the county unit, its present active membership, and nature and topography of the territory to be served by members remaining in civil practice. Hospital staff meetings and like affiliations must also be taken into consideration, but these, too, may need considerable curtailment. With the increased stress and strain under which physicians who remain in civil practice are called upon to work, it may be held by some that, presumably, the present is no time for county society meetings. Such a conclusion is not well founded, since at no time during the last half century, in which modern medicine has made great progress, has there been more need of an Organized Medicine that will be alert to its public health and other obligations. Today, the very existence of Scientific Medicine is menaced; since national and other legislative projects have been proposed which, if put into execution, must so greatly endanger the quality of medical practice that American Scientific Medicine would no longer be able to achieve results such as have brought to the people of the United States—lower morbidity and mortality statistics than can be shown by any of the other civilized nations.

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### Meeting Programs Should Be Planned and Started on Time.

—Loyalty to the best interests of the Public Health and of Scientific Medicine, therefore, demand that Organized Medicine—the protecting agency of both—shall be kept militantly active. This does not mean that unnecessary or too frequent meetings of county societies shall be convened, but that, when held, up-to-date topics of importance and worth will be given careful consideration. Since minutes and hours not assigned to professional work are needed for rest and other duties, it will be well for program committees and presiding officers to remember that better attendance will be secured at meetings, and more value obtained from conferences, if stated times of beginning and adjourning are strictly observed; say, to convene at 8 p. m. and adjourn at 10 p. m. For it is always possible for those members who wish to

linger for further discussion or exchange of views to do so. But it is a wise procedure to adhere to the rule of a planned program, with prompt call to order at the stipulated hour, and promptness when the time of adjournment arrives. Experience of many county societies has amply demonstrated the value of the observances noted above, and newly elected officers will make no mistake if they proceed along such lines.

\* \* \*

**Topics for Meeting Programs.**—Concerning the nature of programs for meetings, the following items may be worthy of consideration. Owing to the difficulty in providing transportation facilities—by train, auto or airship—it is not always possible nowadays to secure guest speakers from the four Class A medical schools of California or metropolitan centers. Furthermore, these colleagues are, themselves, working overtime in carrying through the accelerated four-year medical curriculum that has been crowded into three calendar years.

However, in lieu of these clinical and other teachers in the medical schools, California, within its boundaries, has an unusually large number of Army and Navy camps, some with large hospital staffs; and among these may be found clinicians and teachers who were on the staffs of Eastern medical schools. County Society Program Committees may wish to write to, for example, "Medical Officer in Command, Hospital Station of Camp (whatever may be its name)" asking for the names of one or more staff members who might be available for addresses or papers on military, tropical or civil medicine. County Society officers should also remember to send to the hospital stations of near-by camps notices of monthly meetings, with an invitation to military colleagues to feel free to be present and participate.

Nor should medical-economic subjects be overlooked. The maternity-pediatric program of the Federal Children's Bureau, the implications of the Wagner-Murray-Dingell Social Security bill are topics concerning which a clear understanding might well be obtained by every physician. Likewise, medical and hospitalization services, as carried on in California, are worthy of careful study, as also items in the minutes of the Council of the California Medical Association, and noted in the printed proceedings which appear in CALIFORNIA AND WESTERN MEDICINE. All such have suggestive value.

Program Committees are invited to correspond with the California Medical Association Committee on Postgraduate Activities, in care of the Editor, who is the Postgraduate Committee's secretary. All possible coöperation will be given.

#### PERMANENTE-KAISER HOSPITAL IN OAKLAND IS GIVEN A FEDERAL APPROPRIATION AND PRIORITIES

**A Press Announcement.**—A press item, dated January 7, gives the following information:

#### HOSPITAL TO BE ENLARGED

"The Permanente Foundation Hospital in Oakland will be expanded to provide an additional 140 beds and a clinic to handle 1,000 patients a day, it was announced yesterday [January 7] by Henry J. Kaiser.

"Kaiser said priority authorization had been received and that construction of the new facilities would begin at once.

"The project is estimated to cost \$1,200,000, with \$775,000 for construction and the balance for equipment.

"The hospital, opened a year ago, at present provides 134 beds, three operating rooms and a clinic capable of handling 300 to 400 cases each day."—San Francisco *Examiner*.

\* \* \*

**Comment on the Press Item.**—The above publicity release by the Henry Kaiser shipbuilding interests indicates that the Maritime and Federal War Production Board and regional representatives, and other authorities, have deemed it necessary to supply additional hospital facilities for the East Bay and Alameda area.

In the stress and strain of existing conditions, it has been possible for the Permanente Hospital and Kaiser interests to secure, in the promotion of their war-time activities, priorities for construction materials and equipment that were denied to several Alameda County hospitals, possessed of available funds to add to their respective bed capacities, and that had made earlier applications. Be that as it may, some of the need for more beds in the war production area of the Alameda region will now be met when the plans indicated in the press item are carried through.

\* \* \*

**On Ultimate Disposition of the New Hospital Structure.**—Since these additional buildings and equipment will be paid for by Federal monies, it may be permissible to call attention to contingencies likely to arise when the present war is over. (The Maritime Commission has made the loans to the Permanente group, but the funds of the Maritime Commission also come from the taxpayers.)

If reliance may be placed upon statements that have appeared in public print, it can be assumed that, when the need of ships and other military equipment has been supplied, many of the shipyards and airplane plants, among other war utilities, will be promptly dismantled. The same will probably apply to many structures accessory to such activities. If so, the question of the disposition of the new \$1,200,000 addition to the Permanente-Kaiser hospital may then come up for consideration. The question arises, therefore, as to whether the Federal authorities would gratuitously give such a plant to the State of California or to Alameda County, or whether the property would be placed on sale for the highest bidder?

Certainly, since the structure and equipment will have come into existence by virtue of taxpayers' monies, it would seem fair to assume that the local